

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

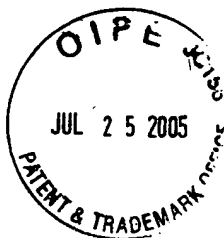
In re Patent Application of

John Jacob Stimson III

Application No.: 09/964,712

Filed: September 27, 2001

For: PARAMETERIZED PREVIEW ARRAY
FOR ITERATIVE IMAGE
OPTIMIZATION IN REMOTE
APPLICATIONS



Confirmation No.: 1859

Group Art Unit: 2612

Examiner: Timothy J. Henn

**WITHDRAWAL FROM ISSUE AND
AMENDMENT**

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M/S RCE
Commissioner for Patents
P.O. Box 1450
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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited
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envelope, addressed to: Commissioner for Patents, P.O.
Box 1450, Alexandria, VA 22313-1450 on July 22, 2005.

STALLMAN & POLLOCK LLP

Dated: 07/22/2005By: Georgia K. Stith

Georgia K. Stith

Sir:

In response to the Notice of Allowance and Fee(s) Due mailed June 1, 2005, Applicant files concurrently herewith the present Amendment, and a Request for Continued Examination (RCE). Please amend the above-identified application as follows:

Amendment to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.



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353 Sacramento Street, Suite 2200
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In re Patent Application of: John Jacob Stimson III

Atty Docket No. NSC1-M1000 [P05046]

Application No.: 09/964,712

Filed: September 7, 2001

Confirmation No.: 1859

For: PARAMETERIZED PREVIEW ARRAY FOR ITERATIVE IMAGE OPTIMIZATION IN REMOTE APPLICATIONS

M/S RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmittal herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL	3	MINUS	20	0	x \$50 =	\$0
INDEP.	3	MINUS	3	0	x \$200 =	\$0
FIRST PRESENTATION OF MULTIPLE DEP CLAIMS					+ \$360	\$0
TOTAL						\$0

Small Entity 50% Filing Fee Reduction (if applicable)

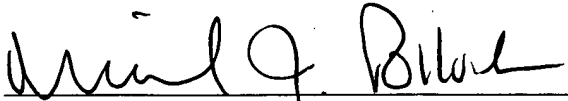
\$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.)

1. ☒ Attached for filing is a Request for Continued Examination (RCE).
2. ☒ A check in the amount of \$790.00 is attached to cover the RCE filing fee.
3. ☒ Please charge any additional fees, including any fees necessary for extensions of time or credit overpayment to Deposit Account No. 50-1703, under Order No. NSC1-M1000.
A duplicate copy of this sheet is enclosed.
4. ☐ Petition for extension of time. The undersigned attorney of record hereby petitions for an extension of time pursuant to 37 C.F.R. § 1.136(a), as may be required, to file this response.

STALLMAN & POLLOCK LLP

Dated: July 22, 2005

By: 
Michael J. Pollock (Reg. No. 29,098)
Attorneys for Applicant(s)

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Dated: July 22, 2005

By: 
Georgia K. Smith